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**A gradual separation from the world: a qualitative exploration of existential
loneliness in old age**

By

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Abstract

This study sought to qualitatively explore experiences of existential loneliness (EL) in 80 older people living in retirement communities across the UK and Australia. Qualitative semi-structured interviews permitted in-depth exploration of issues such as biographical narrative, close relationships, loss, feelings of loneliness, and retirement living. It was our intention to conduct a large-scale, deep listening exercise that would provide further clues about existential loneliness in older people and the circumstances that give rise to such feelings. Data provided rich insight into older people's inner lives. Core themes identified loss of close attachments, lack of physical touch and intimacy, deterioration of health and body, and lack of an emotional language through which to express EL as central to older people's experiences. Furthermore, there was a suggestion that the move to retirement living was for many people inextricably connected to their experience of EL. Our data further support and extend the notion that EL can be thought of as a gradual sense of separation from the world and that ageing intensifies a myriad of social, emotional, and physical circumstances that prompt its emergence. This sense of existential isolation need not be thought of as exclusive to those experiencing extreme frailty or who face death imminently – our data pointed to a clear and gradual emergence of EL throughout later life.

Keywords: Existential loneliness, old age, attachment, loss, retirement community

1 **Introduction**

2 Loneliness, often described as a modern epidemic, has received broad attention highlighting
3 the intra- and inter-personal experiences of lacking meaningful connection (Alberti 2019). The
4 attention on loneliness has been further amplified during the COVID-19 pandemic when
5 countless families and individuals have confronted isolation and loneliness resulting from
6 increased social restrictions and distancing rules (Miller 2020). Loneliness has become an
7 increasingly pressing social issue at the forefront of public consciousness (Gierveld et al. 2006,
8 Rosedale 2007).

9 Older people are often portrayed as one of the groups most significantly impacted by the
10 'loneliness epidemic.' Media outlets have largely constructed loneliness as a distressing and
11 often inevitable part of ageing, yet media representation is likely to inadequately define
12 loneliness and use the term interchangeably with social disconnection, isolation and
13 emptiness (Uotila et al. 2010). Loneliness has also been extensively investigated in academic
14 literature, capturing the diverse nature of separation and emptiness faced by older people.

15 A variety of conceptual frameworks and measurements have been developed to examine the
16 emotional, social, physical and spiritual experiences of loneliness and subsequent impacts
17 and interventions for wellbeing, physical health and public health expenditure (DiTommaso
18 and Spinner 1997, Adams et al. 2004, Gierveld et al. 2006, Sand and Strang 2006, Hawkley
19 and Cacioppo 2010, Gale et al. 2018). However, this rich body of scholarly understanding can
20 lead to confusion rather than clarity, due to the lack of a unifying lens to better underline the
21 multifaceted and often changing experiences of loneliness in old age (Bolmsjö et al. 2019).

22 On an ontological level, humans are inherently lonely and separate from the world, although,
23 as social beings, they still struggle and seek to reduce this separations through meaningful

human interactions (Frankl 1964). A fundamental part of human life connects to the existential need to affirm oneself and to alleviate the anxiety arising from the separate and lonely nature of life (Tillich 1952). Such existential loneliness (EL) can arise across the life course (Luhmann and Hawkley 2016), although it may become more prevalent in old age when confronting ‘a myriad of losses,’ of long-term attachments, social presence, and physio-cognitive health (Bowlby 1980, Smith 2012).

Despite older people being at higher risk of EL, most research into EL is predominantly situated in the context of very old and fragile ageing populations, end-of-life care, or other extreme conditions (Frankl 1964, Ettema et al. 2010, Sjöberg et al. 2018). When facing severe illness or other life-threatening challenges, people may overwhelmingly face impaired relatedness with others, finitude, and loss of meaning or purpose in life (Bolmsjö et al. 2019). Whilst the awareness of death and deeper fears of being alone may be triggered or amplified in such extreme circumstances, EL is also likely to exist earlier in the lifespan. A key goal in this study was to explore EL in a sample of older people who were not imminently facing death or severe illness. By situating our study in the context of retirement living communities we were able to explore how EL was experienced for a broader range of older people.

Furthermore, EL may also involve a dynamic and interactive dimension, where its confrontation can give rise to motivation to (re)affirm a deeper sense of meaning and connection (Ettema et al. 2010). That is, older people may not only *suffer* from EL but may also find it *transformational*. The motivation to move into retirement living communities may offer such opportunities for older people to respond to EL, to redefine themselves in response, or even to defend themselves from the prospect of EL. Studies (e.g., Bekhet et al. 2009) have suggested that the “push” and “pull” factors that propel people out of their current living

1 circumstances and draw them towards retirement living may be closely connected to factors
2 such as deep-rooted loneliness. For example, there may be a perception for some that
3 retirement living is a panacea in relation to dawning feelings of EL (Bekhet et al. 2009).
4 Extending the study of EL into retirement community living not only permits exploration of EL
5 in a broader range of older people but can also help us to understand the meaning of
6 community-based retirement living in relation to coping with and responding to EL.
7 Furthermore, Lawrence and Schigelone (2002) have raised the possibility that age-related
8 stressors often thought of as “individual” in nature can be shared, expressed, and coped with
9 “communally” in the context of age care communities. It is also possible that retirement
10 communities offer the possibility of communally coping with EL as an additional age-related
11 stressor.

12 To date, the predominant concern with EL in the literature has been with highly fragile phases
13 of the lifespan and not with whether older people encounter and deal with EL *before* reaching
14 such extreme stages. While there are strong arguments why EL would be more intense and
15 exaggerated during the most fragile phases of the lifespan, it is not inconceivable that the
16 inevitable series of losses and fragilities that accumulate over the course of the lifespan would
17 give rise to EL at an earlier age for many older people. In this study data were drawn from a
18 large sample of qualitative interviews with 80 older people living in retirement communities
19 across the UK and Australia. We sought to understand experiences of EL through in-depth
20 qualitative interviews and intimate discussions about lives lived, relationships, losses, ageing,
21 death, and retirement living. Our goals were to build upon the current body of literature in
22 this area and more closely explore (1) what EL means to older people in retirement living

communities, (2) the circumstances that give rise to it, and (3) how older people experienced and responded to EL in the context of retirement communities.

Understanding existential loneliness in old age

Recent reviews of the literature on EL have concluded that the phenomenon and the concept can be vague. Bolmsjö et al. (2019) conducted a thorough review of both theoretical and empirical research to date and concluded that EL seems to reflect:

“The immediate awareness of being fundamentally separated from other people and from the universe, and typically, because of this awareness, experiencing negative feelings, that is, moods and emotions” (Bolmsjö et al. 2019: 1314).

Their review highlighted that EL can be considered as distinct from other forms of loneliness in several senses. *Objective* loneliness need not be connected to a *feeling* of loneliness. People might be objectively lonely in a spatial (e.g., they are literally and physically separated from other people in space) or social sense (e.g., they objectively lack social connections such as friends, family, romantic partners, or colleagues). However, with such *objective* loneliness there is no judgment made in relation to whether such spatial or social circumstances are “good” or “bad” for the individual/s concerned.

For Bolmsjö et al. (2019), EL can be most closely aligned with *subjective* loneliness because it is about *feeling* lonely. Subjective loneliness is defined as the emotional experience “...of having no or few close, intimate or meaningful social relations, including a partner or a spouse – an experience that is typically accompanied by feelings such as sadness, disappointment and/or hopelessness” (Bolmsjö et al. 2019: 1315). As forms of subjective loneliness, *emotional*

and *social loneliness* have been widely researched in relation to perceived deficits in different types of human relationships (Weiss 1973, DiTommaso and Spinner 1997).

Weiss (1973) made a clear distinction between social and emotional loneliness. He described social loneliness as a form of loneliness closely connected to a lack of social integration or an absence of contacts and embeddedness. Emotional isolation, however, referred to the absence of a reliable attachment figure (Bowlby 1969) who provides a secure base, a safe-haven, and reflects a deep and enduring emotional bond. Weiss used ideas from attachment theory to stress the important role that the absence or loss of an attachment figure plays in relation to emotional loneliness. He stressed that ordinary friendships cannot compensate for this deep emotional loss or absence, and highlighted the significance of developing, maintaining, and nurturing comparably close attachment for emotional wellbeing in older people. Furthermore, the need for transcendent connection to affirm one's being has also been addressed in the form of spiritual loneliness (Strang et al. 2002).

Arguably, EL overlaps with social and emotional loneliness in relation to feeling a sense of disconnection from others (van Tilburg 2020), while spiritual loneliness may embrace a broader spectrum to reflect both religious and existential distresses (Strang et al. 2002). However, according to Bolmsjö et al. (2019), EL is distinct from these subjective loneliness experiences in relation to one fundamental point:

“Whereas the first kind of subjective (emotional) loneliness is about lacking intimate social relations, EL (as stipulated so far) is concerned with a more basic lack, namely, a feeling of being fundamentally separated from others and the world, whether or not having a family, friends or other close acquaintances. Thus, you might have close

relations and not suffer from subjective loneliness, and still experience EL” (Bolmsjö et al. 2019: 1315).

Hence, EL reflects a profound sense of “feeling disconnected from others and the world,” a feeling that can exist even when there is a subjective sense that one has intimate connections, friends, family, and colleagues. This seems to align with other ideas about EL. Sjöberg et al. (2018) argued that EL “runs much deeper than loneliness and is “an unavoidable condition of humanity” (Sjöberg et al. 2018: 1357). Furthermore, Yalom (1980) described EL as “existential isolation” that reflects the perception of an insurmountable gap between an individual and “the rest of the world” even though interpersonal relationships may or may not exist. A key aim of this paper was to better understand both (a) what might lead older people to feel disconnected from others and the world in later life (EL), and (b) how this is experienced for them in a qualitative sense. The literature offers several clues about the ways in which later life might predispose us to challenges and inevitabilities that may exacerbate EL, although these understandings are often situated in the context of severe infirmity or terminal illness.

Sjöberg et al.’s (2018) phenomenological analysis of the EL experiences of older people in need of healthcare suggested that the major reasons why older people felt increasingly disconnected from the world related to (1) being trapped in a frail and deteriorating body, (2) being met with indifference by the world, (3) having nobody to share life with, and (4) loss of purpose or sense of meaning. As older people begin to lose the means (e.g., meaningful bonds, a healthy body, a sense of “mattering” to the world) through which they have maintained a sense of connection to the world, a “gradual sense of separation from the world” is imaginable. Larsson, et al.’s description (2017) of this process feels like gradually “turning off the lights”.

1 “The result can be understood as if the older person is in a process of letting go of life.
 2 This process involves the body, in that the older person is increasingly limited in his or
 3 her physical abilities. The older person’s long-term relationships are gradually lost,
 4 and finally the process results in the older person increasingly withdrawing into him-
 5 or herself and turning off the outside world.” (Larsson et al. 2017: 147)

6 The results of Bolmsjö et al.’s (2019) analysis identified *experiences of EL* and *circumstances*
 7 *in which EL arises* as two distinct categories. *Experiences of EL* were reflected in the
 8 subthemes (1) feelings of alienation (e.g., “When I am in the dining room, I don’t hear
 9 anyone ... the only voices I hear are the staff’s and what they are talking about ... They are
 10 sitting talking with each other about their own interests... and that is nothing that interests
 11 me ...I have never been as lonely as in this place” [Bolmsjö et al.2019: 1315]), (2) fear of
 12 abandonment (e.g., “Then I can also say that due to the disease I am very scared that my
 13 husband will die before me. He is my safety net now” [Bolmsjö et al.2019: 1316]), (3) fear of
 14 being forgotten (e.g., “Being extinguished – no one will remember me and I’ll be forgotten”
 15 [Bolmsjö et al. 2019: 1316]), and (4) fear of dying (e.g., “...it’s not death itself I am afraid of,
 16 but rather the way I will die” [Bolmsjö et al. 2019: 1317]). These data help us to appreciate
 17 the ways in which older people can experience a sense of disconnection from the world. They
 18 also provide important clues about the sorts of circumstances that might lead to these
 19 experiences. The second category in Bolmsjö et al.’s (2019) analysis reflected the
 20 *circumstances in which EL arises*, including (1) dying, (2) a deteriorating body, (3) not being
 21 able to communicate, and (4) not being listened to or understood.

22 The current study sought to extend the literature on EL in older people by exploring what it
 23 means to a broad range of older people in retirement living communities, many of whom

1 have yet to experience severe illness and are not facing imminent death. Specifically, we
2 sought to explore the circumstances that gave rise to EL, how such older people experienced
3 it, and how they sought to cope with EL in the context of retirement community living.

4 **Methods**

5 *Sample*

6 A total of 80 interviews were collected from eight independent-living retirement villages in
7 the UK and Australia. Four villages per country were selected after consultation with the
8 senior and village management teams in each country. Management teams considered which
9 villages they felt were most representative in terms of gender, age, and ethnicity. The UK
10 sample consisted of 40 participants in the North-West, South-West, South-East and Midlands.
11 The Australian sample was collected from 40 participants in a metropolitan area of Southern
12 Australia. All participants were 55 years-old or over with an average age of 79 (standard
13 deviation: 7.6). The oldest participant was 93 and the youngest was 55 and the gender split
14 was 55 women and 25 men. Despite the wide age range, all participants were relatively
15 healthy and maintained an active and independent lifestyle. Few had chronic health
16 conditions, and none were facing any severe or life-threatening illnesses at the time of the
17 interview. Twenty-six people were married and were living with their spouse, while the
18 remaining 54 participants were living alone due to widow(er)hood, divorce or unmarried
19 status. Forty-five participants had lost loved ones in recent years (often a spouse or partner).
20 As such, more than half of the sample were facing (or had faced) loss and bereavement.
21 Participants were recruited through village managers who acted as gatekeepers to introduce
22 the research project and researchers to the residents. The support of the village managers
23 fostered a clear sense of trust between participants and the researchers that persisted

1 through the research process. This rapport enabled the interviewers to be “a safe, interested
2 stranger”, with whom the participants felt at ease to share their often painful and previously
3 unspoken life experiences (Johnson, 2013: 182). Initially, village managers participated in an
4 online introduction to the study with the research team and then distributed information
5 leaflets and an invitation to participate to all residents in the selected villages. In brief,
6 residents were informed that the study sought to talk deeply to older people about their inner
7 emotional lives, feelings of connection and disconnection, relationships, life history, and
8 retirement living. Residents then contacted village managers if they felt that they wished to
9 take part. Subsequently, a team of four trained researchers (including the authors) in the UK
10 and four trained researchers in Australia contacted these residents by telephone. This
11 sampling approach allowed for in-depth views of lived experiences of these self-selected
12 older people, who were motivated to articulate and/or response to loneliness. It should be
13 noted that this approach may have restricted our study’s scope to capture experiences of
14 those who were harder to reach.

15 The study was approved by the Social Sciences Research Ethics Committee (SSREC) at the
16 authors’ institution (SSREC reference S19-052). Ethical approval was also granted according
17 to the internal processes in place for the management teams of villages in both the UK and
18 Australia. Furthermore, permission was also gained from the local site managers at each of
19 the eight participating villages.

20 *Interviews*

21 All interviews were conducted in the participants’ homes independently by the eight
22 researchers between October 2019 and February 2020 in the UK and Australia. Interviews
23 ranged from 70 minutes to 200 minutes in length (in longer interviews, on occasions,

1 participants and interviewers stopped for a refreshment break before recommencing their
2 conversation) and averaged around 100 minutes. Participants were alone with the
3 interviewer for all interviews. Where a spouse or partner was at home at the time of the
4 interview, they were not present in the room. The project generated approximately 8000
5 minutes of in-depth audio data that was audio-recorded and professionally transcribed.

6 Our objective with the interviews was to allow participants the time and space to talk freely
7 about their thoughts and feelings in relation to a number of key areas: (1) their lives up to this
8 point (including childhood, adolescence, career, family, and anything else they wished to
9 share and discuss), (2) their closest relationships, (3) their experiences of loss, (4) feelings of
10 loneliness and isolation, (5) their decision to move to retirement living, and (6) their
11 experiences of living in a retirement community. Each of these areas was broad, complex,
12 overlapped with other areas, and opened-up numerous avenues of discussion that were
13 personal and unique to the person concerned and their lived experiences. We adopted a
14 narrative approach to our interviews (e.g., Kvale and Brinkmann 2009; Morgan and Burholt
15 2020) which permitted participants to freely tell their stories around these core structural
16 themes. As the interview evolved, emerging material connected to the participant's
17 experiences of loneliness and isolation was explored in conjunction with the interviewer, in
18 relation to the personal experiences and narrative of the person concerned. Participants
19 could talk as freely as they wished, and interviewers were trained to listen and to interrupt
20 minimally. Several participants commented on the value of the interview for them – it
21 provided a welcome and (often) rare space for them to open-up and feel genuinely “listened
22 to.” Handwritten notes were also taken in each interview and interviewers reflected on
23 anything they felt was relevant, important, and useful to know as the interview unfolded.

1 *Data analysis*

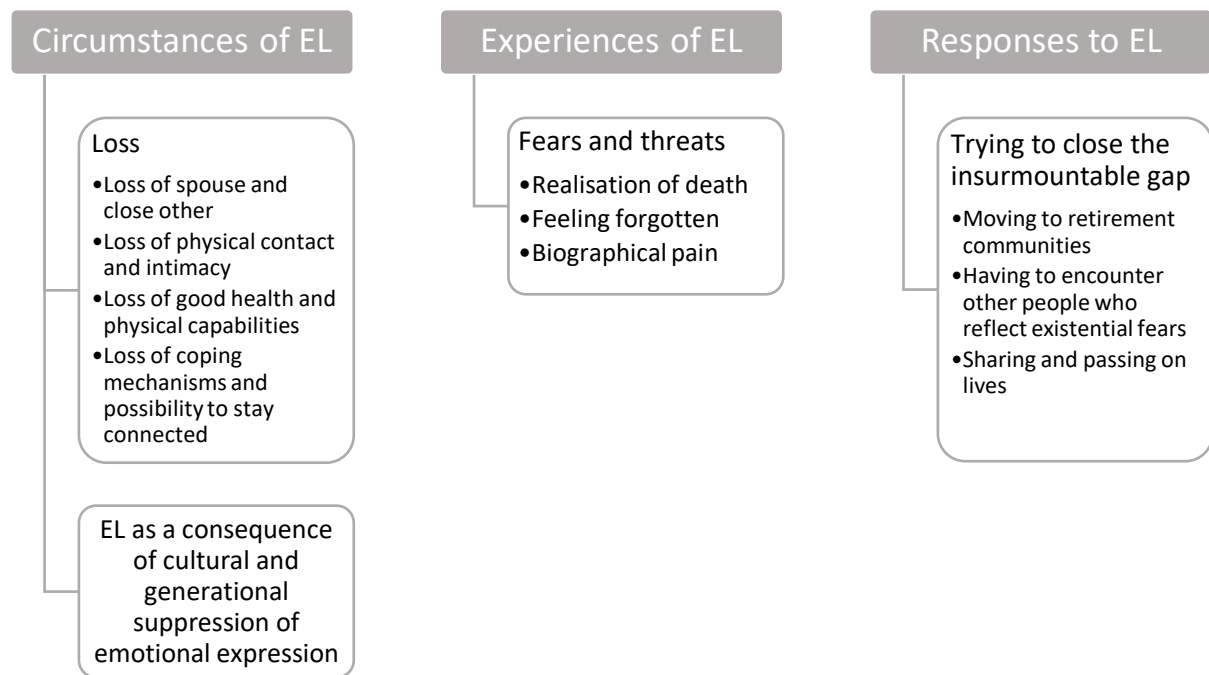
2 A thematic analysis was conducted to interpret these rich data and an inductive approach
3 was adopted. This method of analysis allowed for important messages about deeper feelings
4 of EL to be drawn from the large amount of data without being dominated by pre-existing
5 frameworks (Mason 2002). In so doing, a 'deeper' dimension of loneliness arose from the
6 analyses, illustrating how these older people's loneliness, isolation, disconnection and fears
7 inevitably 'went deeper' alongside ageing.

8 The analysis was conducted by both authors, who read the interview transcripts and notes
9 thoroughly before conducting independent coding of each interview transcript. A
10 combination of NVivo 12, a qualitative analysis software package, and more traditional
11 reading and coding was used to manage and analyse the data. The two authors met
12 frequently to discuss and compare findings and codes. If there was disagreement or
13 divergence on codes, further reading and discussion were conducted until a consensus was
14 met. Upon the completion of coding, final codes were converted to a hierarchy of themes and
15 sub-themes to more explicitly unpack the complex experience of EL in participants' lives.

16 **Findings**

17 Our empirical findings are presented below. Four main themes were developed from the
18 analysis: (1) loss, (2) EL as a consequence of cultural and generational suppression of
19 emotional expression, (3) fears and threats and (4) trying to close the insurmountable gap
20 (see figure 1). Themes one and two underlined both ageing-related and biographical
21 circumstances that gave rise to EL. Theme three captured how EL was experienced as both
22 existing and impending distresses accompanying ageing. The final theme focused on
23 retirement living as a unique context to explore how people sought to mitigate and defend

against EL. Carefully selected interview quotations are employed to substantiate the findings, reflecting socio-cultural scripts and individual meaning in participants' words. To protect confidentiality, pseudonyms are used throughout. We briefly identify and discuss each theme below, providing illustrative examples of data from participant interviews for each.



(figure 1: structure of the themes)

Loss

One of the most significant circumstances in which the older people in our sample felt disconnected from the world related to the loss of someone or something that had previously enabled them to feel a sense of belonging or connectedness.

Loss of spouse and closest other

The importance of enduring and meaningful emotional connections to others has been well documented in theories such as attachment theory (Bowlby, 1973; 1980; 1982). Bowlby,

1 Smits, and Miesen (1986) have argued that deep attachments to others may be one of the
2 most important ways humans can bridge the subjective gap between themselves and the
3 world and that such unique bonds are unlikely to be easily replaceable. More than half of our
4 sample had lost a long-term spouse or partner. Paula (aged 72) had moved to the retirement
5 village four months ago, four years after losing her husband to a degenerative, long-term
6 condition. She described the sense of disconnection and meaninglessness that losing her
7 husband created:

8 Paula: When he was gone, I didn't know where I fitted anymore. I didn't know who I
9 was anymore because I wasn't...[Upset]... You just existed. Went shopping when you
10 needed food. I didn't want to see people. I didn't go anywhere.

11 Douglas (aged 86) had lost his wife five years ago and tried to articulate the sense of
12 hopelessness, despair, and loss of meaning the loss created:

13 Interviewer: Yes, I think it's very hard losing somebody.

14 Douglas: It hasn't stopped being difficult.

15 Interviewer: No, I'm sure it hasn't. Five years is not very long ago, is it?

16 Douglas: No. They say it gets better. It never gets better. Don't say it gets better, it
17 never...[upset]

18 Interviewer: Yes. It doesn't get easier, does it? Are there times you think about her
19 more than at other times? At mealtimes or watching telly?

20 Douglas: You never stop. It's hard for people to understand a lot of the time.

1 Susan (aged 83) described a general sense of feeling tired of losing the people closest to her.
 2 She had lost her husband, her son, her siblings, and her most recent partner and suggested
 3 that the loneliness this created left her feeling “ready to die:”

4 Susan: You know, underneath it all I wouldn’t mind leaving this world. Everyone has
 5 died and I think I’m lonely.

6 Loss of physical contact and intimacy

7 Touch, physical intimacy, and ‘contact comfort’ (e.g., Carr and Rockett, 2017) are core
 8 mechanisms through which a sense of attachment to others and connection to the world are
 9 created and maintained (e.g., Playfair, 2010). Some participants described a deficit in relation
 10 to such core relational features as a function of the loss of a spouse. Philip (aged 83) had
 11 moved to the retirement village a year ago and talked about the importance of sexual
 12 intimacy in his later life, how he had lost this possibility when his wife died, and how he had
 13 sought to rediscover such intimacy:

14 Philip: I suppose all my life “sex” has been “lovemaking.” I mean, we are really getting
 15 personal now but when my wife died, I missed that so much. It’s much more enjoyable
 16 in old age... because, I mean, if I said it to you you’d think oh good grief, that horrible
 17 old body and all the spots and bumps and cuts and wounds and takes off a wooden
 18 leg and one thing and another [laughs], takes out the eye. Sorry. [Laughs]. Yes, but it’s
 19 not anything like that because you know you are in the same boat, for a start, the two
 20 of you, you know there’s not going to be any children produced because of whatever
 21 you do, you know that you’ve got all the time in the world, you are not rushing against
 22 the clock, yes, you know that possibly certain things won’t work properly as they used

1 to and you know all these things and then some peculiar way... well you get round it,
2 some peculiar way you accept it all.

3 It was important to Philip to rediscover a sense of sexual and physical intimacy in his life after
4 his wife's death:

5 Philip: At my wife's funeral, I said the one thing I will miss is a kiss goodnight. And blow
6 me, afterwards, one of our friends came round, and she said, "Well we can send each
7 other kisses if you like but by text every night" and would you believe, we still are, we
8 still do.

9 I call her my Cornish maiden. Sometimes she comes up to visit, we pop into bed for
10 half an hour, 45 mins, she has a meal, and goes home. Sometimes I'll say to her, "It's
11 a bit chilly today, shall we go and have a cuddle?" and she'll say, "Oh yes, please."

12 Another participant, Jean (aged 78), talked about the powerful effect that a hug from a
13 member of staff in her retirement village had for her in the aftermath of losing her husband:

14 Jean: I ran into one of the cleaning girls and she dropped everything she had, and she
15 just said, "Come on, I've got to give you a hug." Well, tears started streaming down
16 my face. And, of course, that starts it again, and then I think, "Move on, move on, I
17 don't want to be reminded [of her husband's death]," but then again, you know, I
18 went to bed last night and I thought, "what lovely people I'm surrounded with."

19 There was a sense that holding on to the possibility of physical contact comfort was a
20 significant buffer from the feelings of physical isolation many older people experienced as a
21 consequence of losing intimate connections.

1

2 Loss of good health and physical capabilities

3 Bolmsjo et al. (2019) have argued that EL can arise when the body becomes unhealthy or
4 dysfunctional. Such changes have the capacity to disconnect people from the world. Peter
5 (aged 78) had moved to the retirement village two years ago, with his wife who was living
6 with dementia. He described an intense frustration at how, since moving, his wife's dementia
7 had brought about a sense of alienation for them:

8 Peter: She belonged to a book club. Well she's tried the book club here and she gets
9 so...how best to describe it? Frustrated. Because she can't complete a sentence,
10 frustrated because she hasn't been able to read the books because the font size is too
11 small, she has to have a relatively large font size to be able to read, it has to be a
12 light(ish) book because otherwise it's too heavy for her and so on. There are all these
13 little things.

14 My point is they don't really take it on board in the group and provide the support she
15 needs to feel a part of it.

16 In some ways I just feel she's a bit like a leper, really, because no one actually wants
17 to get close to her.

18 David (aged 81) had always looked after his wife (who lived with a lifelong disability) and
19 talked about his feelings of sadness and frustration at losing the use of his arm after suffering
20 a stroke:

1 David: Well, my wife has always had a difficult hip and right from the days of ironing
2 her blessed skirts I've been the one who can do things. I just got on with it. And being
3 a Dermatologist, and her constantly having leg problems and hip and ankle operations
4 and so on, noting that the skin on her shins was in a pretty bad state, knowing what
5 to do about it, putting a good absorbent cream on them daily. I've been doing that.

6 But...now, it's her who has to put my shirt on me. And at this present time, with my
7 left arm sitting pretty-well useless in my lap, I'm finding it so, so difficult. Very. I'm
8 getting a bit weepy now.

9 An ageing body and outward appearance were difficult for some older people to tolerate and
10 were connected to a sense of feeling 'alien' to the rest of the world. An independent living
11 resident, Emma (aged 77), reported her horror at being perceived as old, when a choir boy
12 approached her on the grounds that she looked like an elderly care home resident.

13 Emma: It struck me. We went down to the village down here. The Australian Boys
14 Choir were doing a concert. At the end of the concert, the boys were invited to come
15 and talk to the residents. There were residents from all sections [care home
16 residents and independent living residents], including the independents. I recoiled at
17 a boy coming towards me to talk to me. He was delightful, and obviously had been
18 well-schooled on what to say and what not to say. I wanted to say, 'I'm not one of
19 those [care home residents] people!' I wanted to run away. I'm not one of them!

20

21

1 Loss of coping mechanisms and possibility to stay connected

2 EL need not only surface when facing a myriad of losses but may also persist and even grow
3 as a result of losing the irreplaceable means (such as close others or a healthy body) to *stay*
4 connected to the world and to cope (Sjöberg et al. 2018).

5 Susan (aged 83) found her social world was significantly shut down by the loss of many of her
6 friends.

7 Susan: Oh, I've got a few friends left. Most of them have died. Most of my friends
8 have died.

9 I had a couple stayed for lunch about three weeks ago. That is the first time I'd put
10 lunch on for somebody for a number of years, because they are all dead, they've
11 gone. I've had loads of friends, dear, they've died.

12 The reason I do it alone is everybody is dead. And that's the truth.

13 Jacqueline (aged 86) had moved to the retirement village four months ago and also talked
14 about how the loss of her physical capacities undermined her capacity to cope with loneliness
15 and other challenges.

16 Jacqueline: Yes. In the past I've done an enormous amount of Tai Chi. I can't do it now
17 because I've lost my balance...I'm not one that crumbles easily. I just feel that I have
18 to get on with things. There's only me. You come into this life alone, you go out alone,
19 so any big things you resolve alone.

20

1 *EL as a consequence of cultural and generational suppression of emotional expression*

2 The circumstances where EL emerged also pertained to some older people's inability or
 3 reluctance to articulate their experiences of alienation and meaninglessness. In our sample,
 4 feeling unable to communicate was not simply connected to physical barriers to
 5 communication but also to apparent deficits in the social and emotional tools necessary to
 6 communicate one's deeper emotional needs and feelings to the world. This may reflect
 7 cultural, generational, or familial circumstances that have historically smothered people's
 8 ability to express their emotions and enhanced their sense of existential isolation.

9 Douglas (aged 86), struggling deeply with the death of his wife five years ago, had no other
 10 alternative to a "stiff upper lip:"

11 Interviewer: So, there are no really close others in your life?

12 Douglas: No close ones. No. I haven't got any close others.

13 Interviewer: So, who are the people you would confide in?

14 Douglas: I don't confide in anybody. People never confided in my family. It was
 15 different growing up then. I don't know about your family. But in my family children
 16 were seen and not heard. It's the same way now."

17 Polly (aged 73) articulated this phenomenon clearly:

18 Polly: I think...if you don't think about it, if you don't give it words, then you don't have
 19 to feel the pain. Stiff upper lip, very much part of the background until quite recently.
 20 How long is it since men cried in public? Never cry. Big boys don't cry. That is certainly
 21 what was said when I was growing up. The emotional side of life has only really been

1 allowed to come forward, I would say, in the last 30 years. I have never seen Peter
2 [her husband] cry. I have seen him close to it, but not really. Different generation.

3 *Fears and threats*

4 Integral to the experiences of EL was a deep fear that these older people's lives, memories,
5 narratives and identity were increasingly forgotten, unimportant and unvalued, and had been
6 irretrievably lost in the past (Ettema et al. 2010). Such fears often intensified in the face of
7 finitude.

8 Realisation of death

9 An ontological realisation of being (and not being) need not be restricted to extreme
10 conditions but can also be observable in healthy old age. For our participants, death was not
11 immediately imminent although there was evidence that for some people it felt "closer" than
12 it had ever been. Some participants reported an awareness and concern with approaching
13 death. Joyce (aged 71) conveyed her confrontation with loss as a reminder of the finite and
14 lonely nature of her life.

15 Interviewer: It's a pity to lose those around you, and it does affect you. How does it
16 affect you do you think?

17 Joyce: Well...

18 Interviewer: It makes you think?

19 Joyce: Yes, I think that, you know, I'm headed there too, I guess, aren't I?

20 Robert (aged 72) realised death was not such a distant reality after his friend's death.

1 Robert: I did sort of think, a couple of years back, 'Oh, I'm now at the age that Jim
2 died.' But it's one of the things that you come to learn, these things happen in life,
3 I'm afraid.

4 There was a young lady, younger than us, again died of cancer. That was one of our
5 bridge group. We sort of knew it was going to happen, but it happened quicker than
6 was expected, and again, that brings home your mortality.

7 All in all, our participants did not provide evidence of a profound terror in relation to death
8 but rather a realisation of the fact that death was closing in.

9 Feeling Forgotten

10 Aligned with the literature on EL, some participants talked about a fear of fading away and
11 that their lives would be forgotten or no longer matter. Margaret (aged 77) had been living in
12 the retirement village for three years and told us:

13 Margaret: And the older you get, the more you like finding people who remember
14 your parents and your home and your youth. Which is what I most fear about getting
15 too old.

16 Interviewer: Okay.

17 Margaret: Yes [upset]...that all the people that remember any of that are gone.

18 Harold (aged 91) who had never married and had lived in the retirement village for 10 years,
19 put it simply, when he stated that he did not feel anyone wanted to know about his life.

20 Harold: My life? *Nobody* wants to know about my life!

21 Biographical Pain

1 When one feels separated from the world the level of emotional distress experienced may be
2 connected to what one feels alone *with*. Some participants carried painful and distressing
3 narrative and memories from the course of their lives that increasingly haunted them as their
4 sense of disconnection from the world increased. Some in our sample felt increasingly alone
5 with burdens, memories, and challenges that were unresolved from the course of their lives:

6 Jane (aged 80): From an early childhood, I learned that I was a bad person...stupid,
7 ugly... My brother was dying in hospital, connected to all these machines. My faith told
8 me to forgive him but ultimately he scratched me in my soul as a kid.

9 Susan (aged 83): I come from this secret family. We all had to present as expected. If
10 you didn't dear, you were out, and that was the bottom line. I look back on my life and
11 I wonder that I survived. I was thinking that just last night. I fell pregnant at 17, had a
12 very large nervous breakdown, and they disowned me.

13 Bob (aged 76): I copped so many hidings from him. Then one night...my old man had
14 a bad habit. He would get up and walk past you and smack you in the ribs. I sensed it
15 coming, I was out of my chair in a flash, I caught him, crossed his hands over his wrists,
16 and jammed my knuckle into his Adam's Apple. That was family life.

17 Janet (aged 75) had lived in the village for 3 years and articulated the significance and
18 importance of finding a space to talk about such biographical pain so that she was not alone
19 with it.

20 Janet: This is what I miss a lot, a private space to talk...All my life I've suffered...and
21 some things I do find very hard, like this illness now. With everything that's gone
22 wrong, I would have liked to talk to somebody, no advice, I want to let off steam, I

suppose. But it doesn't happen here. There isn't anything like that, there is no space you can talk. I know we're here this morning but that's because...There is no space you can talk privately. There's no space.

Trying to close the insurmountable gap

The older people in our study showed evidence of responding to experiences of EL with attempts to alleviate it by seeking new ways of feeling connected to the world or of protecting themselves from risk of disconnection.

Moving to retirement communities

For some, the move to retirement living was a *response* to circumstances that had given rise to feelings of EL, such as loss of a spouse or increasing frailty and dependency. In such cases, retirement communities were viewed as a solution to intensifying feelings of EL. For others, the move to retirement communities reflected an attempt to "*future proof*" against a dawning realisation that circumstances that give rise to existential isolation were on the horizon (although had not yet been directly experienced). For these older people, the move to retirement living was a *defence against* and not a *response to* such circumstances.

Jacqueline (aged 86) actively rearranged her living conditions by moving to a retirement community (she had moved-in three months ago) as a means of gaining a sense of security and dignity as she approaches the end of life.

Jacqueline: Well, they know the situation. That's why he wanted me to come here. There's always help on hand. And being in a house on your own and if anything happened to you, that maybe you would pass out or you couldn't get help and you would just be lying there for... That was one of the things my friend and I used to discuss. She said, "Say you die in bed; you could be there for a week and no one would know."

1 Many held a perception that moving to retirement living would improve aspects of life such
2 as social connection, isolation, and feelings of loneliness. Jacqueline continued:

3 Jacqueline: But I've got that way that, even before I moved here, I wasn't keen on
4 going long distances anywhere. So, we would just meet up for maybe a meal or we
5 would go to a social club. So, it was only twice a week and the rest of the time it was
6 pretty lonely, really... Like, a weekend, if I wasn't seeing my son, I could go from maybe
7 Friday evening to Monday morning and hadn't spoken to anyone. [After moving
8 here]...you only have to go downstairs and you'll meet someone in Eric's, the coffee
9 bar. And there are quite a lot of activities going on.

10 Some reported that the community-based living had enabled them to restore their sense of
11 confidence. Ann (aged 76) had discovered a rejuvenation of her confidence to "moan about
12 things" and Sally (aged 86) felt it had opened the door to "new joys and happiness."

13 Ann: Yes. But, as I say, *because* I keep moaning I get things done. If you don't moan,
14 you get nothing done. If you don't speak, nobody knows there's anything wrong... I
15 didn't always do that and I think I've done it more since I've come here because it's
16 given me the confidence to do it... Well I just feel I have to moan, if I don't... But that
17 is because it has given me more confidence to do that.

18 Sally: I wrote down 'It's the best decision I've made. I felt I had an open door to new
19 joys, happiness and achievements,' because we knew... It is a lovely retirement
20 village.

21 Others had moved to retirement living as 'future proofing' to defend themselves from or at
22 least slow down things that they feared would threaten their existence as they aged. For
23 Marie (aged 90), retirement living was the answer. She had moved to retirement living three

1 years ago and believed it would help her to mitigate the risk of alienation and indifference as
2 she approached the end of life.

3 Marie: If you have got somebody to care for you and care about you at the end of your
4 life, that is more than money can buy.

5 Robert (aged 72) expressed similar sentiments about moving to retirement living to offset the
6 potential impact of loss in the future and his capacity to cope with the perceived impact of
7 such loss.

8 Robert: That's another potential reason for moving somewhere like this, possibly
9 sooner than you really need to, because if [my wife] did die before me, in the future,
10 there are a lot of people I know around here. I wouldn't be particularly lonely. It
11 wouldn't be the same, don't get me wrong. I would miss Margaret a hell of a lot, but
12 I could exist, survive.

13 Having to encounter other people who reflect existential fears

14 For those seeking to defend themselves from "not-yet-experienced" circumstances such as
15 loss and dependency, moving to a community where a disproportionate number of residents
16 are directly affected by such issues proved a challenge, requiring them to "live alongside"
17 circumstances they had sought to avoid by moving.

18 Henry (aged 69) had moved to the village two years ago and described his increased anxiety
19 about death after witnessing mortality within his community.

20 Henry: One of the things about living in a community like this is, quite a few people
21 die because there's a lot of elderly people here, so more people living here are likely
22 to die than in the general public. But touch wood, there's been no-one I've been

1 close to who's died. So, that's just going to be a matter of time just because people
2 are generally so old.

3 Roy (aged 72) complained that "we are not carers" for frail neighbours and actively opposed
4 signs of increased dependency in the community.

5 Roy: ...whereas the average age here might have been 75, it's now over 80 and we feel
6 more now that we are in an old people's home rather than an active, independent...
7 we are not the only people...we've had a lot of arguments with [the village operator]
8 about this...there's two dynamics, one is the dynamics of sales, trying to sell the
9 apartments, and the other is the dynamic of trying to maintain...a village full of active
10 and independent people. So, we are seeing some people coming in who need
11 assistance and there's been this kind of thought that we would provide that and we've
12 had to tell them we are good neighbours, we are not carers. I'm not here to be a carer!

13 Sharing and passing on lives

14 Older people also sought more symbolic means of preserving their existence within the
15 external world. Some older people found that sharing life stories and passing on their wisdom
16 to others was important to continue their sense of meaning and being in the ongoing flow of
17 time.

18 Helen (aged 64) realised the power of talking about her early life stories and appreciating her
19 life through the interview.

20 Interviewer: Yes, please. [Pause] Yes, it's just such an extraordinary story.

21 Helen: Well relating it to you makes me appreciate it more, because it's something I
22 just took for granted and never questioned. But the depth of it suddenly, talking to
23 you, I thought oh wow, I must tell my brother and sister that.

1 Emma (aged 77) eloquently explained older people's motivation to share their life stories.

2 Emma: Absolutely, and 'who am I?' This is why old people talk about their lives, their
3 past, or whatever, because they want you to know who they really are inside of the
4 old visage.

5 Some participants also demonstrated a concern with passing on wisdom to others. Having
6 learnt the importance of focusing on strength rather than weakness in her earlier life, Helen
7 (aged 64) was determined to remember, as well as remind other people of the strengths and
8 values in ongoing life. She found this practice of sharing to be fulfilling and it helped her to
9 reaffirm her meaning and inner strength in old age.

10 Helen: So, my mantra is focus on strengths, which makes your weaknesses irrelevant...
11 "we appreciate our strengths rather than constantly looking for problems?" So that
12 has become part of my thing here as well, when I'm talking to people. It's very much
13 reminding them of their life experiences and their strength and wisdom and things
14 like that. So that is my own practice in managing my retirement.

15 **Discussion**

16 Our data provided further insight into experiences of EL and the circumstances that give rise
17 to it in a broad sample of older people living in retirement communities. As we have noted,
18 our study focused less upon what might be considered highly fragile phases of the lifespan or
19 on palliative care contexts. Rather, we focused on older people of a broad age range living (to
20 various degrees) independent and active lifestyles in retirement communities.

21 Our findings reaffirmed what qualitative research on EL in old age has already uncovered (e.g.,
22 Bolmsjö et al., 2019; Larsson et al., 2017; Sjöberg et al., 2018). That is, older people spoke of
23 fears related to feeling abandoned and forgotten and there was evidence that deteriorating

bodies and health, a lack of capacity or opportunity to communicate, and a sense that one “does not matter” and is not “understood” are core circumstances in which EL is likely to arise. As previous research has suggested, such qualitative data help us to appreciate the circumstances that give rise to a feeling of separation from the world for older people.

Beyond this, our data also helped to extend the picture of EL forwarded by previous studies. For example, it was clear that loss of attachment figures (particularly spouses and partners) played a significant role in bringing about a sense of separation between older people and the world. In Bowlby’s (1969, 1973, 1980, 1982) attachment theory, a central premise is the idea that our closest attachment bonds are a core mechanism through which we are protected from existential isolation. It follows that loss of such protective and intimate connections edges people towards EL. He argued that such unique bonds are unlikely to be easily replaceable - in fact, they may be irreplaceable in many senses. Paradoxically, losing such intimate attachments edges people closer to the existential isolation from which the relationship they have lost may well have protected them.

Furthermore, in our participants, there was also evidence that such unique attachment relationships are a vital source of physical touch and contact comfort, which may buffer older people from a sense of existential isolation. Attachment theorists (e.g., Kwong and Bartholomew 2011, Carr and Rockett 2017), have suggested that *contact comfort* (skin-to-skin physical contact) is an important feature of human connection and researchers have also suggested (e.g., Playfair, 2010) that physical touch can be an important mechanism through which EL is mitigated and through which we can literally *feel* connected to the world.

Feeling unable to communicate has been identified as a cause of EL. Bolmsjo et al. (2019) quoted a patient with aphasia as suggesting that “the soul is incarcerated in an insufferable

1 prison” (Bolmsjo et al.: 1318). Our study hinted that communication deficits need not be
2 physical or neurological in origin and may also connect to people’s emotional language and
3 capacity to articulate their experiences of vulnerability and suffering. Such emotional
4 language is also relevant to attachment theory in the sense that it is typically a function of
5 early emotional narrative and (lack of) permission to express and articulate emotional
6 experiences.

7 The literature (e.g., Capstick and Clegg 2013) has identified that many older people born in
8 the first half of the twentieth century were indoctrinated into the concept of what has been
9 termed a “stiff upper lip.” That is, through most of their lives, including wartime, peacetime
10 employment, conscription to military service, and family life, many were required to maintain
11 high levels of cognitive control, and low levels of expressed emotion. This may reflect cultural,
12 familial, and emotional circumstances that give rise to a sense of EL through hindered
13 emotional communication in later life. Capstick and Clegg’s (2013) exploration of older
14 people’s “stiff upper lip” focused exclusively on older men – and they noted that the
15 phenomenon may be more prominent in males of a certain generation. That said, in our study
16 we also spoke to women of the same generation who claimed that they too had grown up in
17 cultural and familial circumstances that had fostered similar qualities. The gendered nature
18 of this phenomenon requires further investigation.

19 Gerontologists have coined the term “biographical pain” (e.g., Johnson 2013, 2016) to
20 describe psychological and spiritual suffering in the old and frail that involves profoundly
21 painful recollection and reliving of experienced wrongs, self-promises, and regretted actions
22 dealt with in the face of finitude.

“Living to be old is still considered to be a great benefit. But dying slowly and painfully, with too much time to reflect and with little or no prospect of redressing harms, deficits, deceits, and emotional pain, has few redeeming features” (Johnson 2016: 199).

Our sample showed evidence of how challenging it can be to “sit with” painful and difficult memories in later life. Exploring how the concept of biographical pain connects to EL in later life is an important avenue of future research.

Retirement communities provided an intriguing and unique setting for our exploration of EL, especially older people’s dynamic responses to it. Recent literature (e.g., Schwitter 2020) has suggested that mixed dependency levels in retirement communities, while generally leading to the development of a culture of neighbourliness and helping behaviour, can give rise to tensions and is not always appreciated by all residents. Our data raised suggestions that some residents felt that their sense of existential anxiety was activated by the fact that they often found themselves living alongside others who “embodied” some of the features of ageing (e.g., frailty, degenerative health conditions, and loss) they had sought to “avoid” by moving to retirement living in the first place. This raises intriguing questions in relation to the narrative that residents are “sold” and “buy into” by providers and developers of retirement communities.

Strengths and limitations

Drawing upon a large set of 80 interviews, our study provided evidence that EL may be tied to older people’s ongoing lives. The data are further enhanced by the broad age range of the sample, which permitted exploration of EL in relation to ageing as a gradual process in which it could emerge alongside the accumulation of changes and challenges in people’s lives. This

research also benefited from a biographical interview approach, through which EL was found to be rooted to hidden and often painful experiences that are intimately connected to earlier life narrative. Based on these in-depth interviews, our analysis was able to capture a diverse and dynamic picture of subtle, suppressed and often unseen experiences of EL in older people's everyday lives.

The context of retirement living in this study may restrict the transferability of findings to other contexts, such as home-dwelling older people or those living with family. Furthermore, our findings are limited by a lack of sample diversity. For example, only three non-white participants were recruited, making it difficult to explore how race and ethnicity may shape older people's sense of being and meaning in relation to EL. Because of this racially homogenous sample, and despite this study being conducted across the UK and Australia, no significant cultural differences were identified. Future research is needed to explore whether and how the age-related challenges to EL identified and experienced by our sample are also experienced in minority groups of older people.

Implications

By situating EL as a gradual and potentially inevitable part of the ageing process, the findings of this study reinforce the pervasive nature of EL in both a conceptual and 'lived' sense. Despite many older people's reported experiences of existential isolation, they frequently lacked a language through which to recognise and make sense of their EL. This lack of literacy in relation to expression of EL points to the inadequacy of social structures to enable older people (and others, including family, health and social care workers and policymakers), to recognise and subsequently respond to EL in old age. Therefore, it is pivotal to develop a more EL-literate culture in older people's immediate networks and wider society, in which the

experiences of EL can be better understood and supported. This development will require improving awareness of EL among older people. Meanwhile, furthering education for families and care professionals will allow for a more sympathetic and understanding atmosphere for older people to raise their existential concerns and access further support. To develop more context-specific literacy for EL, attention should be devoted to the circumstances that may give rise to EL, such as bereavement or the lack of recognition for older people's life histories. Community (both local communities and retirement villages) can provide a particularly useful platform for older people to access emotional language and mutual understanding, helping to better make sense of and alleviate their varied EL experiences without needing formalised interventions. As illustrated above, even simply having a space to talk about their lives is likely to be of great value.

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References

Adams, K. B., S. Sanders and E. A. Auth (2004). Loneliness and depression in independent living retirement communities: risk and resilience factors. *Aging and Mental Health*. **8**, 475–485.

Alberti, F. B. (2019). *A biography of loneliness: the history of an emotion*. Oxford, Oxford University Press.

Bekhet, A. K., J. A. Zauszniewski and W. E. Nakhla (2009). Reasons for Relocation to Retirement Communities: A Qualitative Study. *Western Journal of Nursing Research*. **31**, 462–479.

Bolmsjö, I., P.-A. Tengland and M. Rämgård (2019). Existential loneliness: An attempt at an analysis of the concept and the phenomenon. *Nursing Ethics*. **26**, 1310–1325.

Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York, Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. II: Separation, anxiety and anger*. London: Hogarth Press.

Bowlby, J. (1980). *Attachment and loss: Vol. III. Loss: Sadness and depression*. London: Hogarth Press.

Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American journal of Orthopsychiatry*. **52**, 664.

Bowlby, E. J. M., Smits, C. H. M., & Miesen, H. M. L. (1986). *Attachment, life-span and old-age*. Van Loghum Slaterus.

Capstick, A. and D. Clegg (2013). Behind the Stiff Upper Lip: War Narratives of Older Men with Dementia. *Journal of War & Culture Studies*. **6**, 239-254.

Carr, S. and B. Rockett (2017). Fostering secure attachment: experiences of animal companions in the foster home. *Attachment & Human Development*. **19**, 259-277.

DiTommaso, E. and B. Spinner (1997). Social and emotional loneliness: a re-examination of Weiss' typology of loneliness. *Person. individ. Diff.* **22**, 417-427.

Ettema, E. J., L. D. Derksen and E. van Leeuwen (2010). Existential loneliness and end-of-life care: A systematic review. *Theor Med Bioeth.* **31**, 141–169

Frankl, V. (1964). *Man's search for meaning : An introduction to logotherapy (Rev., enlarged ed.)*. Sevenoaks: Hodder and Stoughton.

Gale, C. R., L. Westbury and C. Cooper (2018). Social isolation and loneliness as risk factors for the progression of frailty: the English Longitudinal Study of Ageing. *Age and Ageing*. **47**, 392–397.

Gierveld, J., T. van Tilburg and P. Dykstra (2006). Loneliness and Social Isolation. The Cambridge Handbook of Personal Relationships. A. V. D. Perlman. Cambridge, Cambridge University Press.

Hawkley, L. and J. Cacioppo (2010). Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann Behav Med.* **40**, 218-227.

Johnson, M. (2016). Spirituality, Biographical Review and Biographical Pain at the End of Life in Old Age. Spiritual Dimensions of Ageing. In M. Johnson and J. Walker. Cambridge, Cambridge University Press.

Johnson, M. (2013). Biography and generation: spirituality and biographical pain at the end of life in old age. In R. G. M. Silverstein (Ed.), *Kinship and Cohort in an Aging Society: From Generation to Generation* (pp. 176-190). John Hopkins University Press.

Kvale S and Brinkmann S (2009.) *Interviews: Learning the Craft of Qualitative Research Interviewing*. Thousand Oaks, CA: Sage.

Kwong, M. J. and K. Bartholomew (2011). "Not just a dog": an attachment perspective on relationships with assistance dogs. *Attachment & Human Development.* **13**, 421–436.

Larsson, H., M. Rämngård and I. Bolmsjö (2017). Older persons' existential loneliness, as interpreted by their significant others - an interview study. *BMC Geriatr.* **17**, 138.

1 Lawrence, A.R. and Schigelone, A.R.S., 2002. Reciprocity beyond dyadic relationships: Aging
2 related communal coping. *Research on Aging*, **24**, 684-704.

3
4 Luhmann, M. and L. C. Hawkley (2016). Age differences in loneliness from late adolescence to
5 oldest old age. *Developmental Psychology*. **52**, 943-959.

6
7 Mason, J. (2002). *Qualitative researching*. London: Sage.

8
9 Miller, E. D. (2020). Loneliness in the Era of COVID-19 *Frontiers in Psychology*. **11**, 2219

10
11 Morgan, D., & Burholt, V. (2020). Transitions in loneliness in later life: The role of social
12 comparisons and coping strategies. *Ageing and Society*, 1-22.

13
14 Playfair, C. (2010). Human relationships: an exploration of loneliness and touch. *British*
15 *Journal of Nursing*. 19, 122-126.

16
17 Rosedale, M. (2007). Loneliness: An Exploration of Meaning. *Journal of the American*
18 *Psychiatric Nurses Association*. **13**, 201–209.

19
20 Sand, L. and P. Strang (2006). Existential Loneliness in a Palliative Home Care Setting. *Journal*
21 *of Palliative Medicine*. **9**, 376-1387.

22
23 Schwitter, N. (2020). Social capital in retirement villages: A literature review. *Ageing and*
24 *Society*. **1**, 29.

Sjöberg, M., I. Beck, B. H. Rasmussen and A.-K. Edberg (2018). Being disconnected from life: meanings of existential loneliness as narrated by frail older people. *Aging & Mental Health*. **22**, 1357-1364.

Smith, J. M. (2012). Toward a Better Understanding of Loneliness In Community-Dwelling Older Adults. *The Journal of Psychology*. **146**, 293-311.

Strang, S., P. Strang and B. M. Ternestedt (2002). Spiritual needs as defined by Swedish nursing staff. *Journal of Clinical Nursing*. **11**, 48-57.

Tillich, P. (1952). *The courage to be*. New Haven, CT: Yale University Press.

Uotila, H., K. Lumme-sandt and M. Saarenheimo (2010). Lonely older people as a problem in society construction in Finnish media. *International Journal of Ageing and Later Life*. **5**, 103-130.

van Tilburg, T. G. (2020). Social, Emotional, and Existential Loneliness: A Test of the Multidimensional Concept. *The Gerontologist* **gnaa082**.

Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*, MIT Press.

Yalom, I. D. (1980). *Existential Psychotherapy*. New York, Basic Books.

